

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # **10/521228**

3 Please refund the following fee(s):

<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Amendment	1	3/1/05	\$ 100
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 100

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): \_\_\_\_\_

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 50--0591

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B